

## CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

<p><b>(a) PLAINTIFFS</b>  <u>Open Mind Solutions, Inc</u></p> <p><b>(b) County of Residence of First Listed Plaintiff</b>          (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p><b>(c) Attorney's (Firm Name, Address, and Telephone Number)</b></p>	<p><b>DEFENDANTS</b>  <u>DOES 1-565</u></p> <p><b>County of Residence of First Listed Defendant</b>          (IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.</p> <p><b>Attorneys (If Known)</b></p>											
<p><b>FILED</b>  <b>JAN 13 2012</b>  <b>THOMAS G. BRUTON</b>  <b>CLERK, U.S. DISTRICT COURT</b></p>												
<p><b>II. BASIS OF JURISDICTION</b> (Place an "X" in one box only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff      <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input type="checkbox"/> 2 U.S. Government Defendant      <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>												
<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (For Diversity Cases Only)</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Plaintiff</th> <th style="text-align: left;">Defendant</th> </tr> <tr> <td>                 Citizen of This State: <input type="checkbox"/> PTF                  Citizen of Another State: <input type="checkbox"/> DEF                  Citizen of U.S. District: <input type="checkbox"/> DEF                  Citizen of Foreign Country: <input type="checkbox"/> DEF             </td> <td>                 Citizen of This State: <input type="checkbox"/> PTF                  Citizen of Another State: <input type="checkbox"/> DEF                  Citizen of U.S. District: <input type="checkbox"/> DEF                  Citizen of Foreign Country: <input type="checkbox"/> DEF             </td> </tr> </table> <p style="text-align: center; font-size: 1.2em;">12cv262          Judge James B. Zagel          Magistrate Jeffrey Cole</p>		Plaintiff	Defendant	Citizen of This State: <input type="checkbox"/> PTF Citizen of Another State: <input type="checkbox"/> DEF Citizen of U.S. District: <input type="checkbox"/> DEF Citizen of Foreign Country: <input type="checkbox"/> DEF	Citizen of This State: <input type="checkbox"/> PTF Citizen of Another State: <input type="checkbox"/> DEF Citizen of U.S. District: <input type="checkbox"/> DEF Citizen of Foreign Country: <input type="checkbox"/> DEF							
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NATURE OF SUIT</b> (Place an "X" in one box only)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CONTRACT</th> <th style="text-align: left;">TORTS</th> <th style="text-align: left;">FORFEITURE/PENALTY</th> <th style="text-align: left;">BANKRUPTCY</th> <th style="text-align: left;">OTHER STATUTES</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 110 Insurance  <input type="checkbox"/> 120 Marine  <input type="checkbox"/> 130 Miller Act  <input type="checkbox"/> 140 Negotiable Instrument  <input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment  <input type="checkbox"/> 151 Medicare Act  <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (excl. vet.)  <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits  <input type="checkbox"/> 160 Stockholders' Suits  <input type="checkbox"/> 190 Other Contract  <input type="checkbox"/> 195 Contract Product Liability  <input type="checkbox"/> 196 Franchise                 </td> <td style="vertical-align: top;"> <b>PERSONAL INJURY</b>  <input type="checkbox"/> 310 Airplane  <input type="checkbox"/> 315 Airplane Product Liability  <input type="checkbox"/> 320 Assault, Libel &amp; Slander  <input type="checkbox"/> 330 Federal Employers' Liability  <input type="checkbox"/> 340 Marine  <input type="checkbox"/> 345 Marine Product Liability  <input type="checkbox"/> 350 Motor Vehicle  <input type="checkbox"/> 355 Motor Vehicle Product Liability  <input type="checkbox"/> 360 Other Personal Inj.                 </td> <td style="vertical-align: top;"> <b>PERSONAL INJURY</b>  <input type="checkbox"/> 362 Personal Injury—Med. 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<p><b>V. ORIGIN</b> (Place an "X" in one box only)</p> <p><input type="checkbox"/> 1 Original Proceeding    <input type="checkbox"/> 2 Removed from State Court    <input type="checkbox"/> 3 Remanded from Appellate Court    <input type="checkbox"/> 4 Reinstated or Reopened    <input type="checkbox"/> 5 Transferred from another district (specify)    <input type="checkbox"/> 6 Multidistrict Litigation    <input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judgment</p>												
<p><b>VI. CAUSE OF ACTION</b> (Enter U.S. Civil Statute under which you are filing and write a brief statement of cause.)</p>												
<p><b>VII. PREVIOUS BANKRUPTCY MATTERS</b> (For nature of suit 422 and 423, enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this Court. Use a separate attachment if necessary.)</p>												
<p><b>VIII. REQUESTED IN COMPLAINT</b>    <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER R.O.P. 23    <b>DEMAND \$</b>    <input type="checkbox"/> CHECK YES only if demanded in complaint    <b>JURY DEMAND</b>    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>												
<p><b>IX. This case</b>    <input type="checkbox"/> is not a refiling of a previously dismissed action.    <input type="checkbox"/> is a refiling of case number _____, previously dismissed by Judge _____</p>												
<p><b>DATE</b>    <u>1-13-12</u>    <b>SIGNATURE OF ATTORNEY OF RECORD</b>    <u>CAME IN MAIL (N7)</u></p>												